

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15073

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 25 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Lilly Jane Simmons

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Fe 5. Color of race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L.D. Simmons 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased mDec. 16 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 8 hr. min.

9. Birthplace Johnson Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.

12. Name Thos. Halsey 13. Birthplace Virginia
(City, town, or county) (State or foreign country)14. Maiden name Martha Wilkerson
(City, town, or county) (State or foreign country)15. Birthplace Virginia
(City, town, or county) (State or foreign country)16. (a) Informant L.D. Simmons(b) Address Odessa, Mo.17. (a) Burial (b) Date thereof Apr. 25, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Odessa Mo.18. (a) Signature of funeral director R. C. Husman(b) Address Odessa, Mo.19. (a) May-1-1944 (b) W. F. Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1944 hour 7:30 minute A M.21. I hereby certify that I attended the deceased from April 22
1944 to April 23 1944
that I last saw him alive on April 23 1944
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Duration 12 hr
Q. C. Johnson

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature W. F. Baker (M. D. or other) mdAddress Odessa Mo Date signed 4-26-44

RECEIVED
District Health Officer No. 8,
District File Number
Filed 5-8-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Joseph T. Husman

Licensed Embalmer No. 2541

P. O. Address Odessa, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.